



VITL Quarterly Update to the Green Mountain Care Board

February 15, 2022



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CY22 Contract with the Department of Vermont Health Access

2022 Contract with DVHA Signed

- The calendar year 2022 (CY22) contract with the Department of Vermont Health Access (DVHA) was signed in December.
- It includes an additional deliverable, which was not included with VITL's fiscal year 2022 (FY22) budget in June 2021:
 - A new project for supporting DVHA's needs to meet the Centers for Medicare and Medicaid Services (CMS) Interoperability Requirements, with an associated payment of up to \$300k.
- As anticipated, it includes different CMS funding programs, following the expiration of the Health Information Technology for Economic and Clinical Health (HITECH) program.
 - Awaiting approval of the State's application for enhanced matching through Outcomes Based Certification (OBC). VITL and the Agency of Human Services (AHS) are responding to questions raised by CMS following our demonstration of the platform.

Deliverable Highlights for CY22

- Transitioning functionality from legacy platforms:
 - Launching a new clinical portal
 - Implementing a new results delivery service and a new direct messaging service
- Designing and developing a robust extract and reporting capability
- Developing a patient-facing application programming interface (API)
- Upgrading the Vermont Health Information Exchange (VHIE) platform to the newest Fast Healthcare Interoperability Resources (FHIR) Standard
- Continuing support of VDH's needs, including integration with Immunization Registry
- Designing requirements for integrating social determinants of health data from the Agency of Human Services (AHS)
- Supporting Vermont Medicaid's need to provide patient data to meet CMS requirements

Note: Discussions continue for VHIE to serve as the Medicaid data warehouse

VITL Sustainability Model Development

Building Vermont Health Information Exchange Sustainability

- Adapting to shifting federal funding for health information exchange services
- Goal is to ensure a sustainable model that enables VITL to continue to offer services that are needed and valued by health care organizations and patients, and minimizes the burden on providers
- Continuing discussions with AHS about what “foundational” services the State will continue to support
 - Includes discussion of what to do when demand for foundational services outpaces available funding
- Developing a product roadmap, with stakeholder and customer input, to identify gaps and opportunities

Program Updates

- Collaborative Services: MedicaSoft Platform Implementation
 - VITLAccess Clinical Portal
 - Patient Consent
 - Security Update

MedicaSoft – Overall Project Update

Wave1 – Completed April 30, 2021

- ✓ Platform set up with priority data sets
- ✓ Blueprint extract delivered

Wave 2 – Live September 30, 2021

- ✓ Full clinical database live
- ✓ Clinical portal enhancements for pilot underway
- ✓ Ingestion of Medicaid claims data demonstrated

Wave 3

June 2022

- Clinical portal roll-out complete
- Results Delivery and Direct Messaging transition
- Interface migration complete
- Reporting design complete
- OCV reporting scope defined

Late Summer 2022

- Patient Application Programming Interface (API) launch

Wave 4 – Late 2022 targets

- Migration to FHIR R4 standard
- Reporting enhancements

Wave 3 Update – Platform Expansion

- Preparing clinical portal for launch
- Request for proposals underway for Results Delivery and Direct Messaging (HISP) capabilities
- Transition of data interfaces continues
- Proof of concept for enhanced reporting architecture underway
- Working with OneCare Vermont team to design transition to new reporting platform
- Continuing conversations about using the State's identity management infrastructure for APIs

VITLAccess Clinical Portal

- Piloting new clinical portal with VITLAccess users in a range of roles – including clinicians, administrators, emergency services, health information management professionals, care managers
- Using the pilot to ensure the portal is roll-out ready, and to identify and prioritize future portal enhancements
- Planning roll-out including live training, office hours, and durable on-demand education resources

Patient Consent Education

- Developing new outreach strategy with the advertising team that supported the 2020 consent model change
 - Campaign beginning Spring 2022
- Continuing to partner with health care organizations to encourage patient education, offering resources through VITL's [consent education toolkit](#)

Update on the Security Lifecycle

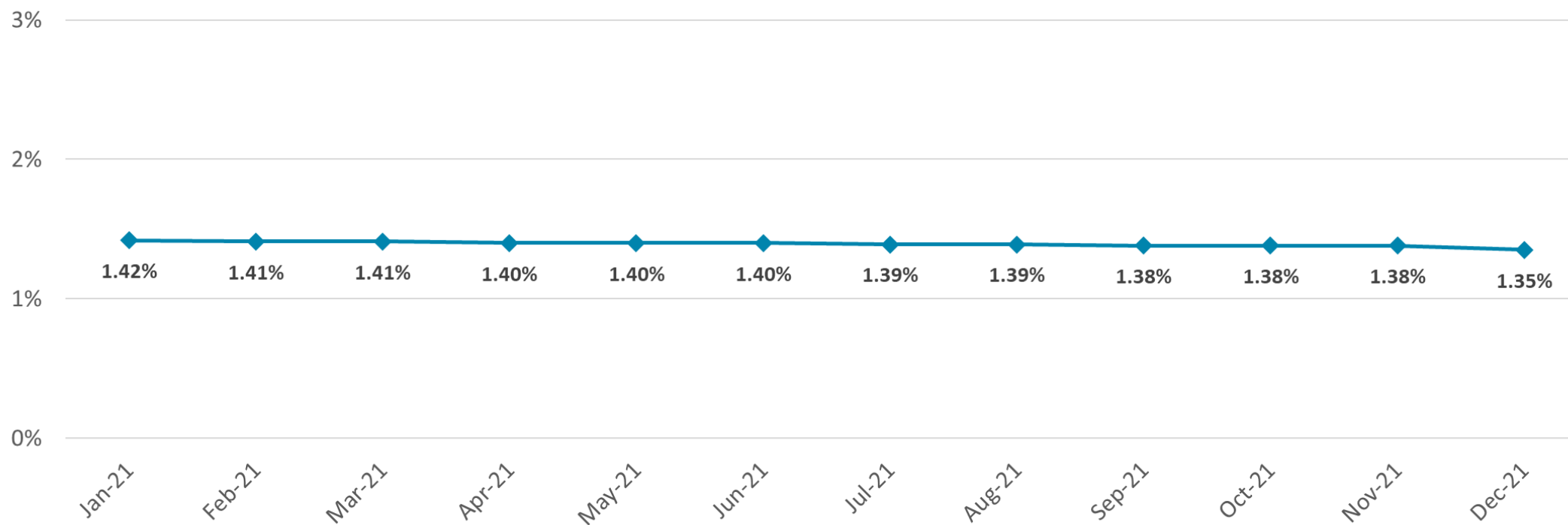
- 2021 – A focus on the Monitor and Protect aspects of the life cycle
 - Updated key elements of our existing security toolbox
 - Added new tools to address the ever-evolving threat landscape
- 2022 – Focus on Policies and Standards, Assess and Identify
 - Rewrite key information security policies and procedures
 - Revise system security plans and integrate them with existing design, review, and change management programs
 - Formalize vendor risk management and technology strategy programs
 - Data Governance



Policies and Standards are at the center of our commitment to privacy and security and drive the continuous life-cycle of our security and recovery practices.

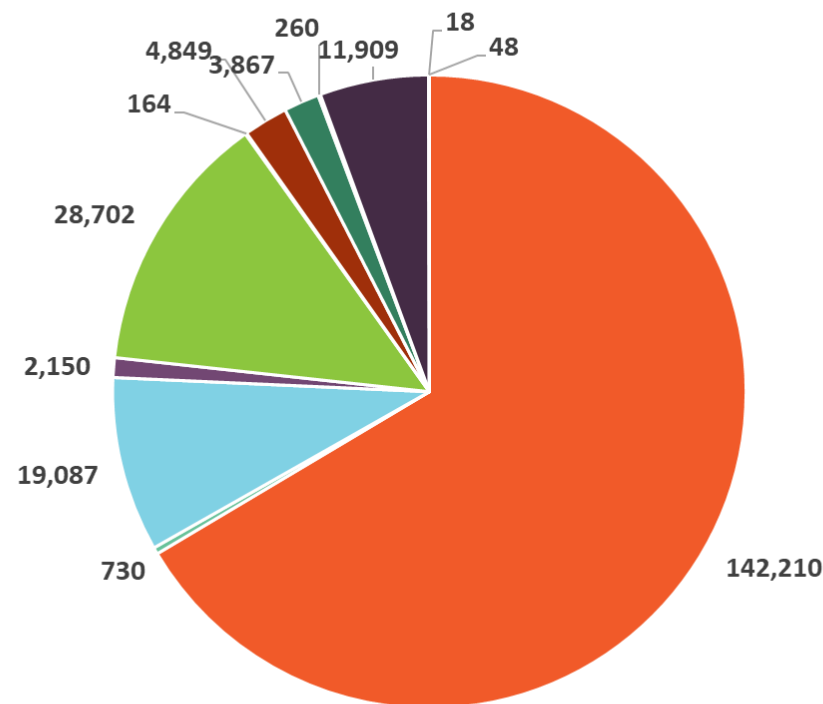
Quarterly Metrics

Percent of Vermont Patients Opted Out of the VHIE



VITL Access Queries by Organization Type

January 2021 - December 2021



■ Federal/State Agency: 142,210

■ Hospital Owned Practice: 2,150

■ Federally Qualified Health Center: 4,849

■ Emergency Services: 11,909

■ Long-Term Care: 730

■ Hospital: 28,702

■ Designated Agency: 3,867

■ Retail Pharmacy: 18

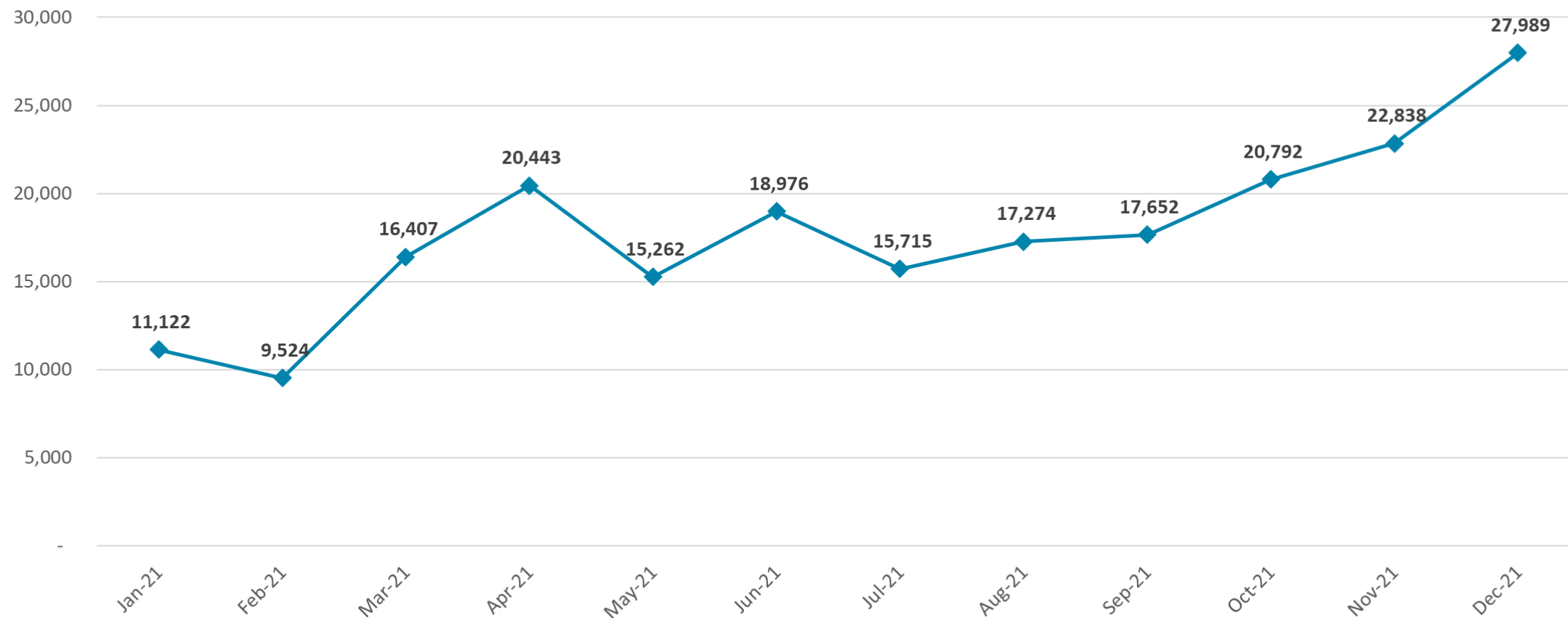
■ Independent Practice: 19,087

■ Home Health Agency: 164

■ Community Health Center: 260

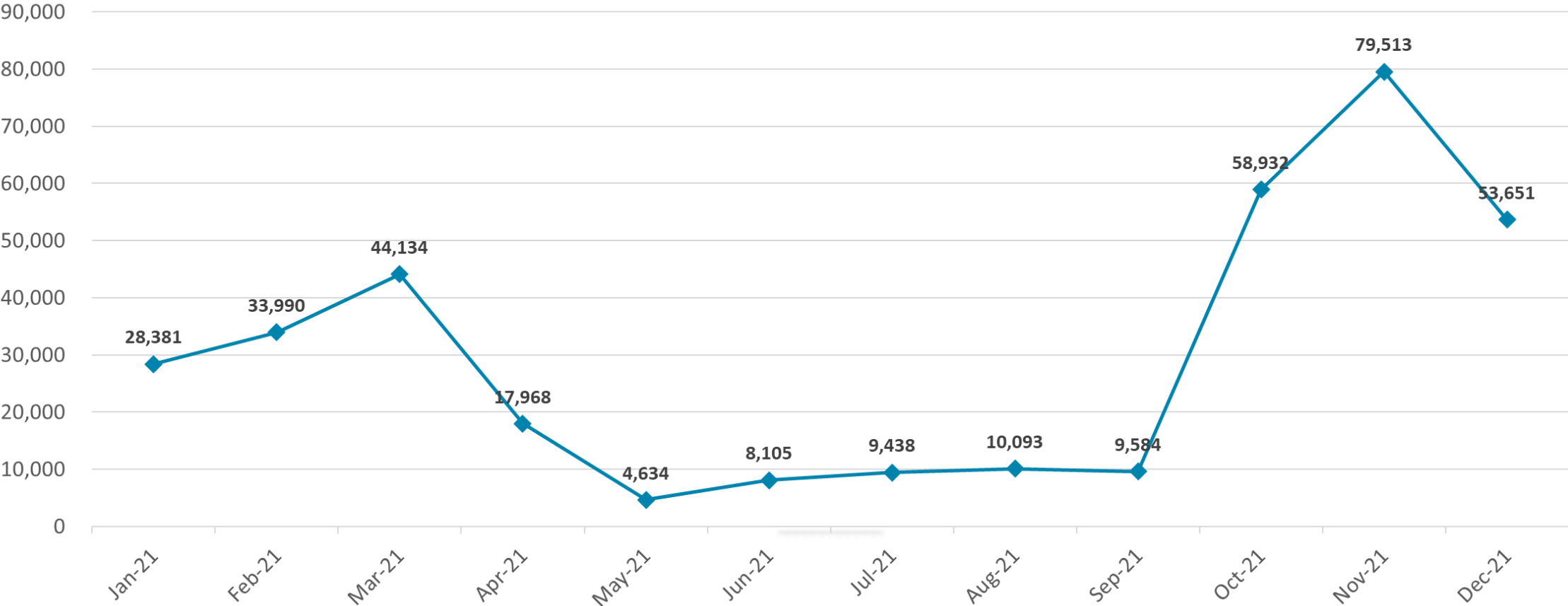
■ Specialized Services Agency: 48

VITLAccess Queries by Month

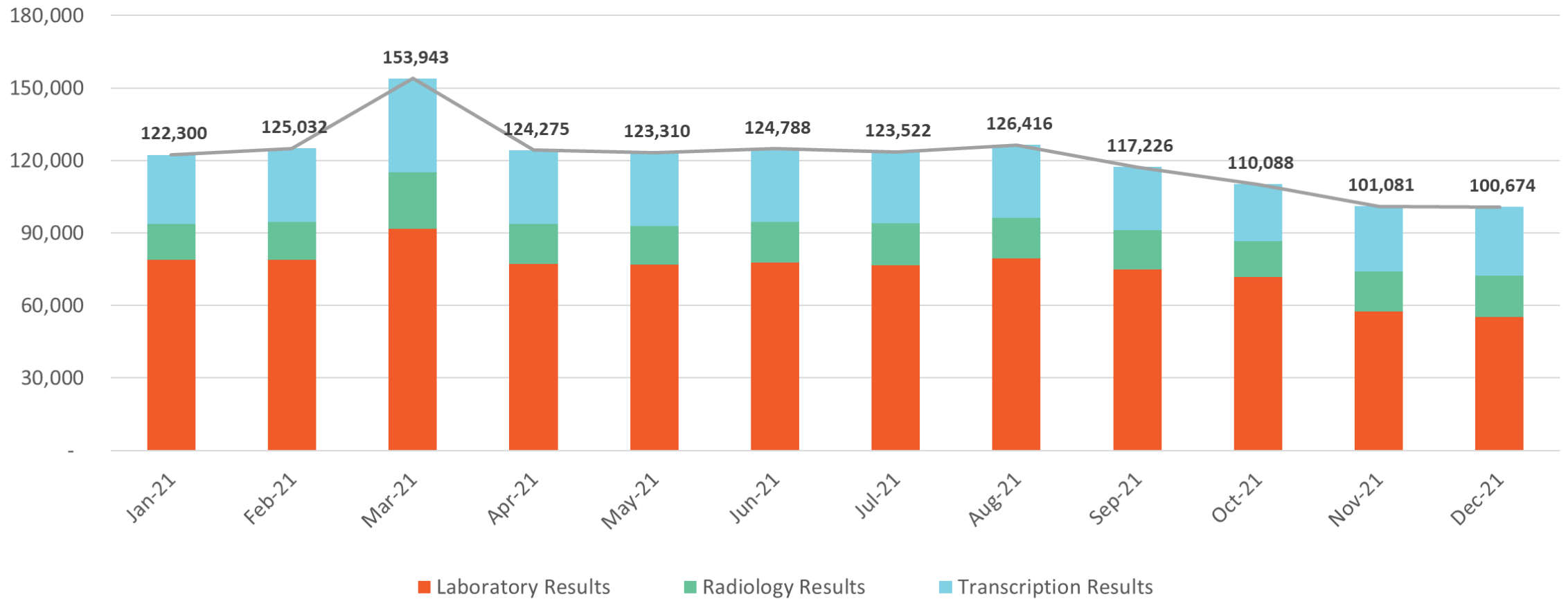


Queries of the VHIE via eHealth Exchange

(University of Vermont Medical Center, Veterans Affairs, Department of Defense)



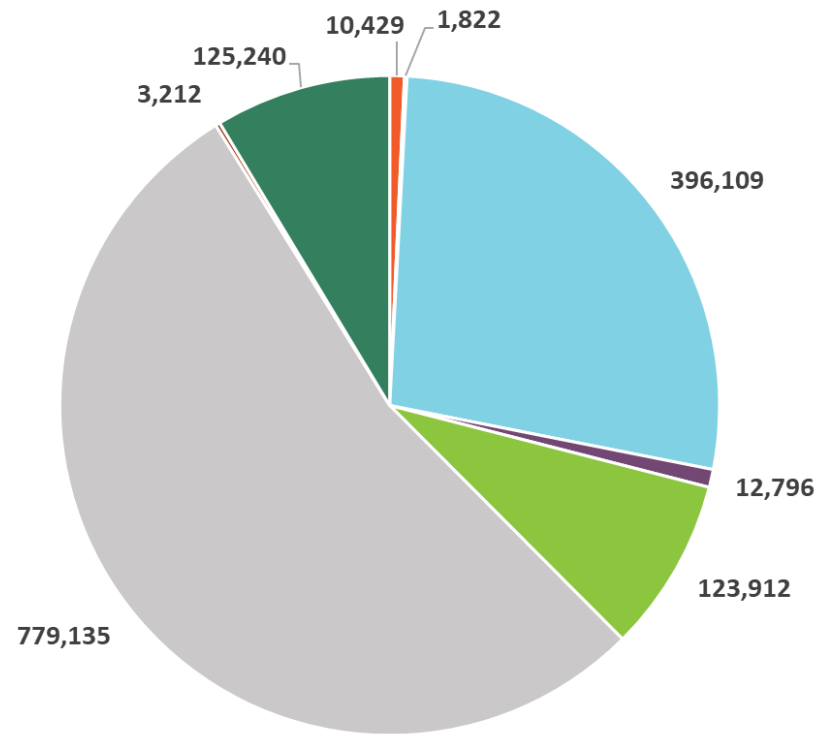
Results Delivery by Result Type



Number of providers receiving results = 532

Results Delivery by Organization Type

January 2021 - December 2021

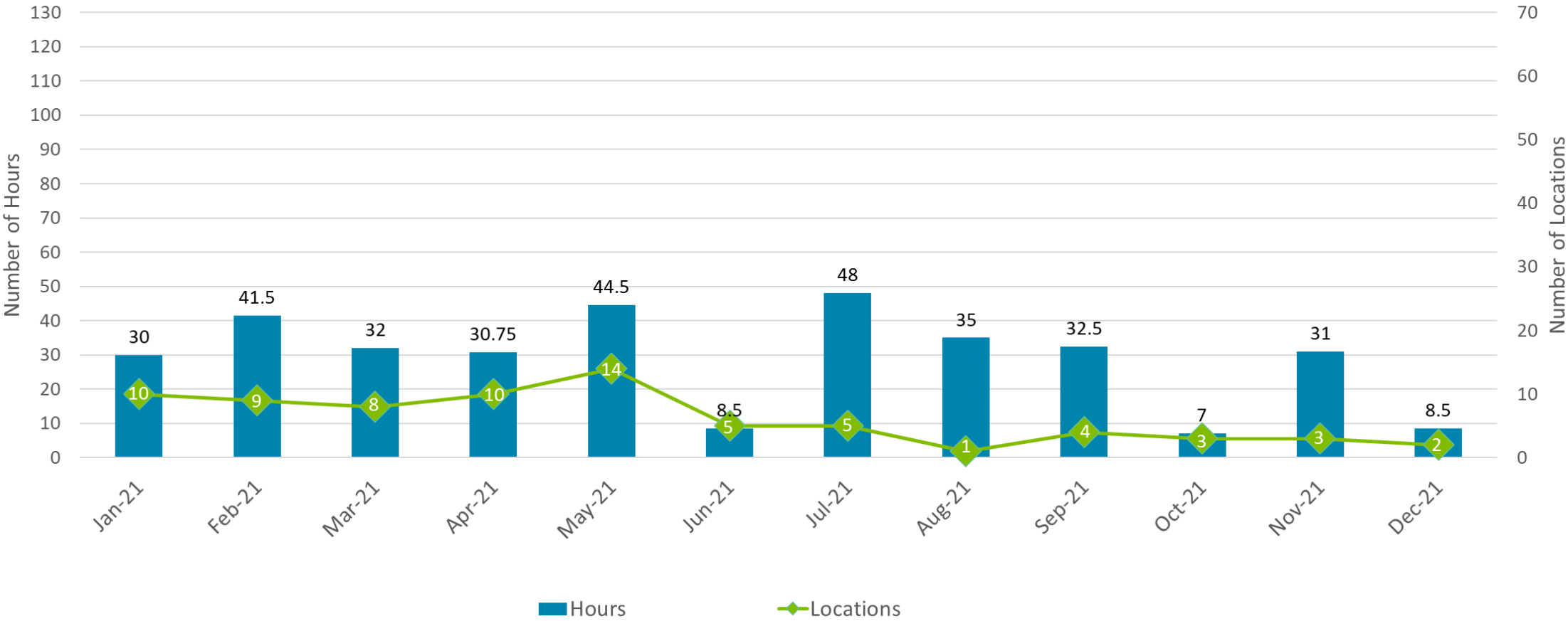


■ Federal/State Agency: 10,429
■ Hospital Owned Practice: 12,796
■ Designated Agency: 3,212

■ Long-Term Care: 1,822
■ Hospital: 123,912
■ Rural Health Center: 125,240

■ Independent Practice: 396,109
■ Federally Qualified Health Center: 779,135

Meaningful Use and Security Risk Assessment Consultation



Finance Update

- FY22 Mid-Year Forecast
- November 2021 Year to Date

FY22: Mid-Year Forecast

	FY22 Approved Budget	Variance FY22 Approved Budget & FY22 Midyear Forecast	FY22 Midyear Forecast
Total State Contracts	10,596,264	300,000	10,896,264
OCV Contract	849,996	(212,499)	637,497
Total Program Fees	412,367	-	412,367
Misc. Revenue	8,237	-	8,237
Potential impacts to revenue	(212,499)	212,499	-
Total Revenue	11,654,366	300,000	11,954,366
Expenses			
Personnel Costs	3,660,900	96,653	3,757,553
Network Expenses	853,430	-	853,430
Software	3,171,023	(35,136)	3,135,887
Outside Support	2,686,663	503,485	3,190,148
Education & Outreach	50,550	-	50,550
Travel	20,000	(15,000)	5,000
Supplies	29,105	(10,000)	19,105
Occupancy	147,837	(16,120)	131,717
Telecom	59,241	-	59,241
Insurance	102,848	-	102,848
Other	126,485	(20,000)	106,485
Training/Prof. Develop.	159,488	-	159,488
Contingency	100,000	-	100,000
Total All Expenses	11,167,570	503,882	11,671,452
Change in Net Assets	486,796	(203,882)	282,914
Add back CAPEX	(431,177)	179,918	(251,259)
Adjusted Net Assets	\$ 55,619	\$ (23,964)	\$ 31,655

Notes

- Forecast revenue is \$300K greater than budget due to Medicaid Interoperability Project
- Potential impacts to revenue line reallocated to reflect the decrease to the OneCare Vermont contract
- Forecast expenses are greater than budget due to the costs associated with the new Medicaid project and implementation of a results delivery tool
- Overall forecast shows net assets of \$31k vs. the original budget of \$55k

November 2021 Year to Date: Statement of Activities

	Current Period	Current Period Budget	Current Period Budget Variance	YTD	YTD Budget	YTD Budget Variance
Revenue						
Contract Revenue	973,602	694,425	279,177	5,167,118	6,320,616	(1,153,498)
Program Fees	18,652	18,583	69	98,077	92,915	5,162
Other Income	260	686	(426)	1,327	3,430	(2,103)
Total Revenue	992,514	713,694	278,820	5,266,522	6,416,961	(1,150,439)
Personnel Costs						
Salaries & Wages	194,690	219,519	(24,829)	986,563	1,097,594	(111,031)
Fringe Benefits	67,279	85,556	(18,277)	364,080	427,781	(63,701)
Total Personnel Costs	261,969	305,075	(43,106)	1,350,643	1,525,375	(174,732)
Materials/Serv Expenses						
Network Expenses	28,113	53,376	(25,263)	138,820	308,306	(169,486)
Software	116,428	278,476	(162,048)	1,308,918	1,575,903	(266,985)
Outside Support	174,745	147,363	27,382	924,667	1,066,228	(141,561)
Education & Outreach	2,305	875	1,430	19,127	6,875	12,252
Travel	0	556	(556)	1,337	6,111	(4,774)
Supplies	405	1,758	(1,353)	3,673	11,102	(7,429)
Occupancy	12,010	12,566	(556)	60,107	62,865	(2,758)
Telecom	5,395	4,662	733	22,024	23,506	(1,482)
Insurance	7,841	8,566	(725)	39,733	40,141	(408)
Other	10,533	10,112	421	41,243	48,125	(6,882)
Training/Prof. Develop.	2,118	8,800	(6,682)	26,459	77,326	(50,867)
UFF Contract Costs	0	0	0	161,263	0	161,263
Total Materials/Serv Expenses	359,893	527,110	(167,217)	2,747,371	3,226,488	(479,117)
Total Expenses	621,862	832,185	(210,323)	4,098,014	4,751,863	(653,849)
Change in Net Assets	370,652	(118,491)	489,143	1,168,508	1,665,098	(496,590)

Notes

- YTD Revenue is \$1,150K below budget largely due to the deferral of the recognition of some revenue associated with September contract milestones, the deferral of which was not accounted for in the FY22 budget
- YTD Expenses are \$653K below budget due to the timing of technology and consultant costs
- "UFF Contract Costs" are costs that were incurred in FY21 but deferred to be recognized when the work was completed in FY22

November 2021 Year to Date: Balance Sheet

ASSETS	
Current Assets	
Cash	8,860,699
Billed Receivable	415,221
Unbilled Receivable	256,064
Unfulfilled Contract Costs	0
Other Current Assets	157,294
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	9,689,279
Non Current Assets	
Fixed Assets	467,272
Accumulated Depreciation	-363,602
Other Non Current Assets	12,781
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	116,451
Total Assets	9,805,730
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LIABILITIES & EQUITY	
Current Liabilities	
Accounts Payable	1,194,667
Accrued Expenses	678,404
Deferred Revenue	2,145,048
Loss Provision	0
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	4,018,119
Retained Earnings	
Retained Earnings	5,787,611
Total Liabilities & Equity	9,805,730

Notes

- VITL received \$4.6 million in payments in November, mostly associated with completed September contract milestones
- November 30 cash was ~\$8.8 million or 389 days
- Liabilities included \$2.1 million of deferred revenue related to September contract milestones

November 2021 Year to Date: Statement of Cash Flow

	<u>FY22 YTD Nov</u>
Cash Flows from Operating Activities	
Cash receipts:	
DVHA	\$ 7,122,086
Other	\$ 551,143
Interest Income	\$ 1,336
Total	<u>\$ 7,674,565</u>
Cash disbursements:	
Health Catalyst/Verato/Medicasoft	\$ (485,096)
Collab Services - Cureous, Consultants	\$ (842,144)
Payroll	\$ (1,111,956)
Fringe Expense	\$ (245,375)
All Other	\$ (601,150)
Total	<u>\$ (3,285,720)</u>
Cash Flow increase / (decrease)	<u>\$ 4,388,845</u>
Cash Balance as of June 30, 2021	<u>\$ 4,471,854</u>
Cash Balance as of November 30, 2021	<u>\$ 8,860,699</u>

Appendix

VITL 2021 Annual Report



<https://vitl.net/about-vitl/annual-reports/>

Abbreviations

AHS: Agency of Human Services

API: Application programming interface – a connection between computers or between computer programs

CMS: Centers for Medicare and Medicaid Services

CY: Calendar Year

DVHA: Department of Vermont Health Access

FHIR: HL7's Fast Healthcare Interoperability Resources data standard

FY: Fiscal Year

HIE: Health Information Exchange

HITECH Act: Health Information Technology for Economic and Clinical Health Act

OBC: CMS' Outcomes Based Certification program, focused on ensuring projects receiving federal financial participation are meeting state and CMS needs (details were included in our November 2021 update)

OCV: OneCare Vermont

VHIE: Vermont Health Information Exchange

YTD: Year to Date